

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No. BAH-25-337

PROOF OF SERVICE*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* Diana Espinosa, Principal Deputy Administrator
 was received by me on *(date)* 02/07/2025 . of the Health Resources and Services Administration

☐ I personally served the summons on the individual at *(place)* _____
 _____ on *(date)* _____ ; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* _____
 _____ , a person of suitable age and discretion who resides there,
 on *(date)* _____ , and mailed a copy to the individual's last known address; or

☐ I served the summons on *(name of individual)* _____ , who is
 designated by law to accept service of process on behalf of *(name of organization)* _____
 _____ on *(date)* _____ ; or


☐ I returned the summons unexecuted because _____ ; or

☒ Other *(specify)*: Certified U.S. Mail, Postage Prepaid, Return Receipt Requested
Delivered on 2/10/2025

My fees are \$ 0.00 for travel and \$ 0.00 for services, for a total of \$ 0.00 .

I declare under penalty of perjury that this information is true.

Date: 03/05/2025



Server's signature

Kenyon North, Jr. Paralegal

Printed name and title

Jenner & Block LLP
1099 New York Ave., NW, Ste. 900
Washington, D.C. 20001

Server's address

Additional information regarding attempted service, etc:

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee

Extra Services & Fees (check box, add fee as appropriate)

- ☐ Return Receipt (hardcopy)
☐ Return Receipt (electronic)
☐ Certified Mail Restricted Delivery
☐ Adult Signature Required
☐ Adult Signature Restricted Delivery

Postmark
Here

Postage

Total Postage and Fees

DIANA ESPINOSA,

Health Resources and Services Administration,
5600 Fishers Lane,
Rockville, MD 20857

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

DIANA ESPINOSA

Health Resources and Services Administration,
5600 Fishers Lane
Rockville, MD 20857



9590 9402 4801 8344 9858 75

2. Article Number (Transfer from service label)

7018 1830 0002 1706 6354

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

FEB 10 2025

3. Service Type

- ☐ Adult Signature
☐ Adult Signature Restricted Delivery
☐ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail
☐ Insured Mail Restricted Delivery (over \$500)
- ☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt